

## 2007 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:  
**Local 494 Electrical; MBCTC**

### COMPUTATION METHOD OF "CITY SHARE"

The CITY will pay, monthly, 100% of the lowest single or lowest family HMO premium cost to the City. For 2007, this contribution ("City Share") will be no more than \$452.37 (Single) or \$1,235.26 (Family) toward the cost of Health Plan of your choice. Any excess premium over these amounts ("Employee Share") will be deducted as a payroll deduction from the second paycheck of each month.

### Chart I - 2007 Monthly Health Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>HMO Select</b> (Humana)	\$452.37	\$452.37	<b>No Cost</b>	\$1,235.26	\$1,235.26	<b>No Cost</b>
<b>Premier HMO</b> (Humana)	\$844.61	\$452.37	<b>\$392.24</b>	\$2,305.76	\$1,235.26	<b>\$1,070.50</b>
<b>Basic Plan</b>	\$636.63	\$452.37	<b>\$184.26</b>	\$1,434.77	\$1,235.26	<b>\$199.51</b>
<b>Basic Plan Tier 1</b>	\$509.31	\$452.37	<b>\$56.94</b>	\$1,360.52	\$1,235.26	<b>\$125.26</b>

### Chart II - 2007 Monthly Dental Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>WPS/Delta Dental</b>	\$26.31	\$13.00	<b>\$13.31</b>	\$90.62	\$37.50	<b>\$53.12</b>
<b>Care-Plus</b>	\$31.41	\$13.00	<b>\$18.41</b>	\$91.49	\$37.50	<b>\$53.99</b>
<b>DentalBlue</b>	\$31.69	\$13.00	<b>\$18.69</b>	\$95.07	\$37.50	<b>\$57.57</b>
<b>First Commonwealth</b>	\$32.82	\$13.00	<b>\$19.82</b>	\$99.03	\$37.50	<b>\$61.53</b>

The Uniform Benefits for the Basic Plan & Basic Plan Tier 1 plans and the HMOs are not the same. Be sure to review the information in the blue Open Enrollment Booklet.